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The Effects of Recombinant Interleukin-1 and Interleukin-2 on Human Keratinocytesa

running head: Interleukins-1 & 2 Effect on Keratinocytes



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ABBREVIATIONS

AZ sodium azide

BPE bovine pituitary extract

BSA bovine serum albumin

DMEM Dulbecco's modified Eagle's medium

EDTA ethylenediamine-tetraacetic acid

ETAF epidermal cell derived thymocyte activating factor

FACS fluorescent activated cell sorter

FCS fetal calf serum

HS human serum

IEF isoelectric focusing

IL-1 interleukin-1

IL-2 interleukin-2

KDM keratinocyte defined medium

KGM keratinocyte growth medium

LC Langerhans cell

1D-PAGE one dimensional polyacrylamide gel electrophoresis

PBS phosphate buffered saline

rIL-1 recombinant interleukin-1

rIL-2 recombinant interleukin-2

R/M-FITC fluorescein isothiocyanate conjugated rabbit anti-mouse IgG

SDS sodium dodecyl sulfate

2D-PAGE two dimensional polyacrylamide gel electrophoresis

2-ME 2-mercaptoethanol

ABSTRACT

The effects of recombinant interleukin-1 alpha and beta, as well as recombinant interleukin-2, on human keratinocyte proliferation were studied in serum-containing as well as defined media. Both interleukin-1 preparations did not stimulate keratinocyte growth; interleukin-2 also did not stimulate keratinocyte growth. To determine whether interleukin-1 beta binds to keratinocytes, a cell membrane assay was developed for these cells. Iodinated interleukin-1 beta binds to keratinocytes with a Kd of 6.2 nM and 2,500 receptors per cell. To determine the effects of interleukin-1 beta on protein synthesis, the molecular patterns of radio-labeled cell extracts of interleukin-1 beta-treated and non-treated keratinocytes were compared using 2-dimensional polyacrylamide gel electrophoresis. No significant changes in the molecular pattern of newly synthesized proteins were detected. Finally, none of these lymphokines induced HLA-DR expression by keratinocytes.



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INTRODUCTION

Both murine and human keratinocytes produce an interleukin-1 (IL-1)-like substance termed epidermal cell-derived thymocyte activating factor (ETAF) (1,2). Whether this substance is identical to IL-1 is still not clear, but ETAF appears to have functions similar to those of IL-1 (3,4). Other potential sources of IL-1 in the human skin include macrophages and Langerhans cells (LC) (5,6). In the presence of foreign antigen, IL-1 activates T-cells and, in conjunction with interleukin-2 (IL-2), causes proliferation of these cells (7,8). An IL-1-like substance has been documented in the skin in psoriasis (9). Indeed, several investigators have suggested that an IL-1-like substance enhances murine as well as human keratinocyte proliferation in vitro (10,11). By contrast, when injected into the skin in vivo, IL-1 does not cause acanthosis (12).

An IL-2-like substance, termed keratinocyte-derived T-cell growth factor, has recently been described in human skin (13,14). IL-2 is the actual proliferative signal for T-lymphocytes and induces IL-2 receptors on these cells (8).

Since products such as gamma interferon of immune competent cells influence the growth of keratinocytes, as well as inducing the synthesis of new proteins (15,16), we examined the effects of two other cytokines, IL-1 and IL-2, on human keratinocytes.

MATERIALS & METHODS

Lymphokines, Labelling with Monoclonal Antibodies (mAb) and Fluorescence Microscopy

The rIL-1 alpha and beta were a gift of Dr. A. Allison (Syntex Corp.) and were biologically active as measured in the thymocyte proliferation assay and the EL-4 conversion assay (E. Eugui, personal communication). The rIL-2 was obtained from both Cetus, Inc., Emeryville, CA, and Cellular Products, Inc., Buffalo, NY. The latter preparation comes diluted in 2% fetal calf serum (FCS). Both rIL-2 products demonstrated biological activity in that they stimulated human peripheral blood lymphocyte proliferation. The anti HLA-DR mAb (L243) was obtained from Becton Dickinson, Mountain View, CA, as was the isotype control mAb, anti-Leu-2b. The endotoxin concentration in the Cetus rIL-2 preparation was less than 0.1 ng/ml.

One million epidermal cells were stained for 30 min with the murine mAb diluted in 5% heat-inactivated, FCS in phosphate buffered saline (PBS)-containing 0.02% sodium azide (AZ) as described previously (17). The cells were washed with 5% FCS/PBS/AZ, stained with fluorescein isothiocyanate-conjugated rabbit anti-mouse IgG (R/M-FITC) (ICN Immunobiologicals, Lisle, IL) for 30 min, washed with and then resuspended in 5% FCS/PBS/AZ. The number of fluorescent cells was determined by fluorescence microscopy or FACS analysis (17).

Cell Culture Conditions

Single cell suspensions of normal skin were prepared from skin obtained at surgery (18). Trimmed skin was cut into 1 \times 5 cm strips and split-cut with a Castroviejo keratotome set at 0.1 mm. The

resulting slices were treated for 35 min at 37° with 0.3% trypsin plus 0.1% EDTA in GNK (0.8% NaCl, 0.04% KCL, 0.1% glucose, 0.084% NaHCO3, pH 7.3). Other keratinocyte cultures, derived from breast skin, were obtained from Clonetics Corp., San Diego, CA. Keratinocytes were grown using three different methods of culture. In the first, dispersed cells were suspended in Dulbecco's modified Eagle's medium (DMEM) supplemented with 10% heat inactivated FCS, 50 ug/ml gentamicin and 2 mM L-glutamine (complete medium), and seeded at 1.8-2 x 10⁶ cells/3.5 cm collagen-coated petri dish (Lux, Miles Scientific, Naperville, IL) (18). For culture in serum-free medium, the method described by Ham & Boyce was used (19,20). The cells were trypsinized and seeded at 3 x 10⁴ cells/3.5 cm Petri dish in keratinocyte growth medium (KGM) (Clonetics) for use in the experiments. Using the third method, adult keratinocytes were grown in a fully defined medium (keratinocyte defined medium (KDM) (Clonetics)), without bovine pituitary extract (BPE). Both KGM and KDM have a short shelf life and were used within two weeks of arrival as recommended by the manufacturer. In both the complete medium and KGM the cell viability was above 95%, whereas in KDM the cell viability was lower and varied. Unless otherwise indicated, the lymphokine(s) was added 24 hrs. after seeding the cells and readded biweekly with each medium change.

Cell Harvesting and Cell Counts

At the times indicated, cultures were washed once with PBS, 1 ml of 0.3% trypsin/0.1% EDTA in GNK added, and the plates incubated for 10 min at 37°C. The detached cells were transferred to tubes, the plates rinsed once with complete medium to remove adherent cells, and this rinse combined with the 1 ml aliquots already in the tubes. Using

a hemacytometer, the cells were counted immediately to determine total number of cells per plate, and an aliquot was diluted with trypan blue to document the numbers of viable cells.

Labelling of Cells with ³⁵S-Methionine and One and Two Dimensional Polyacrylamide Gel Electrophoresis (1 and 2D-PAGE)

Keratinocytes were isolated and cultured in complete medium as described above. The cultures were incubated with 35s-methionine (10 uCi/ml) for 18 hrs in methionine-free DMEM and harvested using trypsin. After addition of serum to stop trypsin activity, the cells were collected by centrifugation, washed once with PBS, resuspended in 90 ul PBS containing 10 ug/ml DNase I, 10 ug/ml RNase, 1 mM phenyl methane sulphonyl fluoride, 1 mM N-methylmaleimide, 5 mM Mg2SO4, and 10 ul 10% triton x-100 in PBS was added with mixing. After centrifugation, the supernatants were carefully removed as the triton-soluble fraction. The pellet was re-extracted successively with 50 mM citrate buffer pH 2.65 (prekeratin fraction) in the cold and 2% SDS, 2.5% 2-mercaptoethanol (2-ME) in Tris pH 6.8 (sample buffer) at 100°C for 10 min. Where necessary, protein fractions were brought to 2% SDS, 2.5% 2-ME by addition of an equal volume of 2X sample buffer and boiled for 10 min. One D-PAGE was carried out using the discontinuous system of Laemmli at a constant current density of 200 mA/cm² until the tracking dye (bromophenol blue) reached the bottom of the gel (21). Lane loads were adjusted to the same total radioactivity. Two-D-PAGE was performed using isoelectric focusing (IEF) with pH 5-7 ampholines (LKB, Broma, Sweden) in the first dimension and the discontinuous SDS buffer system in the second (22). All gels were fixed in 50% methanol, 10% acetic acid water, soaked in EnHance, washed for 30 min. in water, dried, juxtaposed to Kodak X-Omat film, and stored in the dark at -70° for 6-72 hrs, depending on the radioactivity in the gel, and the films developed. Newly synthesized proteins in the IL-1 treated cultures were compared visually to those in mock treated cultures.

Keratinocyte Particulate Preparation

Cultured human keratinocytes were removed from 3.5 cm Petri dishes and homogenized, using a Polytron^(C) (Brinkman, Westbury, NY) (setting #4 for 30 sec), to a 5% homogenate (w/v) in 0.05 M phosphate buffer (81 mM Na⁺, 9 mM K⁺, 0.09 mM Ca²⁺, 0.5 mM Mg⁺, pH 7.43 at 4°C) (23). Each homogenate was washed by diluting it with 20 ml of phosphate buffer and centrifuging it at 50,000 x g for 15 min in a Beckman J2-21 Centrifuge (Beckman Instruments, Inc., Fullerton, CA). The cell homogenates were washed by dilution and centrifugation to remove any endogenous substances which might interfere with the 125I-rIL-1 binding assay. The supernatant was discarded and the pellet resuspended in the appropriate volume of phosphate buffer. A 0.1 ml aliquot was saved for analysis of protein content by the method of Lowry et al (24).

Receptor Binding Studies

For the standard cell-membrane assays, cells were cultured either in serum-containing medium or in KGM and then switched to KDM two days before harvesting. At confluence, the cells were scraped off, and aliquots of the washed tissue suspension were added to two sets of duplicate 2 ml plastic centrifuge tubes that were pre-treated with 1% BSA and allowed to air-dry for 12 h prior to the experiment (23). One

set (total binding) contained varying 125I-rIL-1 beta concentrations. The other set (non-specific binding) contained varying 125I-rIL-1 beta concentrations and 100 nM unlabeled rIL-1 beta in 1 ml phosphate buffer. The binding of ¹²⁵I-rIL-1 beta was studied between 0.025 and 10 nM. Both sets of tubes (total and non-specific binding) were routinely incubated at 4°C for 60 min to ensure steady-state conditions. The suspensions were diluted with 4 ml cold buffer and filtered immediately through glass fiber filters (Whatman GF/B, 2.5 cm). Each of the tubes was rinsed again with 4 ml ice-cold buffer, which was poured over the appropriate filter in a 30-well filter box (Steed Engineering Co., Palo Alto, CA). All filters were washed an additional two times with 4 ml of ice-cold buffer. The filters were air-dried and the membrane-bound radioactivity estimated by gamma spectrometry (Beckman Instruments, Inc., Fullerton, CA) with a counting efficiency of 43%. Specific 125I-rIL-1 binding for each substrate concentration (expressed as nmol 125I-rIL-1/mg protein) was calculated by subtracting the non-specific from the total binding.

RESULTS

The Effect of rIL-1 Alpha and Beta As Well As rIL-2 on Keratinocyte Growth

The effects of rIL-1 alpha and beta on keratinocyte growth were tested using various media. In medium-containing serum, all concentrations of IL-1 beta tested (1-100 ng/ml) inhibited growth in a dose-dependent fashion (Fig.1). One hundred ng/ml rIL-1 beta inhibited cell proliferation about three-fold by day 6 after addition of the cytokine.

In KGM, the rIL-1 beta at low concentrations (2.5 ng/ml) did not significantly affect cell numbers/petri dish of logarithmically growing keratinocytes over a 7-day period (not shown). However, at higher concentrations (100 ng/ml), rIL-1 beta again markedly inhibited keratinocyte growth (not shown). The rIL-1 alpha at 10 ng/ml also did not affect keratinocyte growth under these conditions (not shown).

Since keratinocytes grown in serum-containing medium or in KGM may already be proliferating maximally, the effect of the lymphokines on cells grown in KDM also was examined. Keratinocytes grown in KGM were switched to KDM for two days, and then reseeded in KDM at 3 x 10⁴ cells/plate. Twenty-four hours later, 10 ng/ml rIL-1 alpha or beta was added (Fig. 2). At the various time-points indicated, total numbers of cells/plate, as well as viable cells/plate, were determined. As can be seen, rIL-1 alpha and beta did not significantly affect either the total number of cells/plate or the number of viable cells/plate.

To determine if picogram quantities of IL-1 alpha or IL-1 beta would stimulate growth of keratinocytes, the cells were incubated with 1, 5, 25, and 125 pg/ml doses of these lymphokines in KDM. Cell numbers were determined on the days indicated after addition of the proteins (Table I). No stimulation by either lymphokine could be documented.

The rIL-2 preparation from Cellular Products comes diluted in 2% FCS and we routinely dilute the stock rIL-2 from Cetus in human serum to prevent binding to the plastic. Therefore, we determined the effects of low concentrations of protein (e.g. serum, BSA) in this system of culture using KDM (Table I). Low concentrations of either human serum alone or BSA alone stimulated keratinocyte growth under these conditions of culture.

To determine the effect of rIL-2 on keratinocyte proliferation, the cells grown in either KDM or KGM were incubated with 12.5, 125, and 625 pg/ml rIL-2. No stimulation of growth could be demonstrated vis a vis the controls cultured in the appropriate amounts of protein (Table II). In a separate experiment, even higher doses of rIL-2 (up to 1.25 ng/ml) were used and again demonstrated no effect on keratinocyte growth (not shown).

Finally, keratinocytes were grown in KGM in the presence of between 12.5 pg/ml and 625 pg/ml rIL-2. These cells also showed no difference in their growth rates as compared to controls (not shown).

Binding of 125I-rIL-1 Beta to Cultured Keratinocytes

Since the absence of effect of rIL-1 beta on keratinocytes could be explained by a lack of cell-surface receptors for this protein, we studied specific binding of rIL-1 beta to keratinocytes. The rIL-1 beta was labeled with 125I, using Bolton Hunter reagent according to the method described previously, and then used to measure rIL-1 beta binding to cultured, human keratinocyte cell membranes (23). Saturation of the rIL-1 binding sites was measured at 125I-rIL-1 beta concentrations between 0.025 nM and 10 nM. Unlabeled rIL-1 beta was used to define nonspecific binding and maximally inhibited 125I-rIL-1 beta binding at a concentration of 100 nM. Saturable, specific 125I-rIL-1 beta binding was approximately 70% of the total binding at 10 nM and approximately 80% of the total binding at 0.025 nM 125 I-rIL-1 beta. Analysis of these saturation isotherms gave a K_d of 6.2 nM and a B_{max} of 1.0 pmole/mg protein for the cell-membrane preparation (Fig. 3). Approximately the same number of receptors/cell were demonstrated regardless of whether the cells were cultured in KGM/KDM or in serum containing medium.

The Molecular Pattern of the Proteins Synthesized by Keratinocytes after rIL-1 Beta Treatment.

To determine whether rIL-1 beta affected keratinocytes' protein synthesis, the cells were radio-labeled three days after the addition of lymphokine (0.5 ng and 5.0 ng/ml) and the cells harvested 18 hours later. Synthesis of total proteins was not affected significantly in rIL-1 beta-treated cultures at the doses tested. The 35S-methionine-labeled cellular proteins synthesized after rIL-1 beta treatment were separated into triton-soluble and -insoluble fractions and analyzed using 1 and 2D-PAGE. Both triton-soluble and -insoluble proteins showed no major difference in their molecular patterns at either of the two concentrations of rIL-1 beta tested as compared to controls. The 2D-PAGE gels of the triton-soluble proteins are shown (Fig. 4).

Expression of HLA-DR Antigen by Keratinocytes After rIL-1 Alpha and Beta As Well As rIL-2 Treatment

Since gamma interferon induces the expression of HLA-DR antigen on keratinocytes, we examined whether rIL-1 alpha or beta had a similar effect. Cells were incubated with various concentrations of rIL-1 beta (1 ng, 10 ng, 100 ng/ml) in growth medium. On days 2, 4, and 6, representative cultures were harvested, and the expression of HLA-DR antigen was determined using immunofluorescence staining. No HLA-DR antigen expression could be detected on the keratinocytes at any of these time-points (not shown). In parallel cultures, all of these concentrations of rIL-1 beta inhibited keratinocyte growth in a dose-dependent fashion. The effect of hIL-1 alpha (10 ng/ml) on HLA-DR

expression by keratinocytes was ascertained on day 8 after cytokine addition in KGM. The rIL-1 alpha also did not induce HLA-DR expression (not shown).

The capacity of rIL-2 (1.3 ng/ml; 10 U/ml) to induce the expression of HLA-DR was examined on day 10 after addition of the cytokine. No expression of DR antigen was found (not shown).

DISCUSSION

Isolated particulate matter from cultured human keratinocytes demonstrate specific, saturable $^{125}\text{I-rIL-1}$ beta binding. This binding was both temperature— and time-dependent, and steady-state conditions were reached in 40 min at ^{40}C . Saturation studies at steady-state conditions revealed a major population of binding sites with K_{d} in the nM range and an average of about 2,500 binding sites/cell. The value of the Kd we have obtained is larger than that reported for murine T lymphocytes or fibroblasts (25,26).

Using three different types of media, we have been unable to verify that rIL-1 alpha or beta stimulates keratinocyte proliferation. The experiments by Gilchrest and Sauder were not performed using recombinant material, and it is conceivable that other factors in their preparation were responsible for the increase in keratinocyte growth (11). Ristow, who also reported an increase in keratinocyte proliferation, actually only measured thymidine incorporation into DNA, rather than cell numbers (10). Thus, it is conceivable that rIL-1 activates uptake of ³H-thymidine or initiates DNA synthesis without causing mitosis. Further in Ristow's system, murine keratinocytes were used, and it is possible that murine cells react differently to IL-1

than do human keratinocytes, as is the case for gamma interferon induction of HLA-DR antigen. Although gamma interferon induces HLA-DR antigen on normal human keratinocytes, this lymphokine does not induce Ia antigen expression on normal, murine keratinocytes in vitro (G. Krueger, personal communication, and V. Morhenn, unpublished data).

Since keratinocytes secrete ETAF, it is conceivable that this autocrine secretion masks the effects of the added, exogenous protein. This explanation is unlikely since the amount of ETAF secreted by keratinocytes would result in insignificant concentrations in the volume of medium used in these cultures. Moreover, the rIL-1 beta causes no major changes in the molecular pattern of triton-soluble or -insoluble keratinocyte proteins synthesized in vitro suggesting that no major new protein is produced. In this connection it also seems unlikely that IL-1 induces keratinocytes to secrete a growth inhibitory factor which would counteract a putative mitogenic effect of the IL-1 itself. However, we cannot rule out the possibility entirely that a growth inhibitory substance which is not a protein is induced by IL-1. Finally, this study confirms an earlier report that IL-1 and IL-2 do not induce HLA-DR antigen expression and expands this finding to include both rIL-1 alpha and beta, as well as, rIL-2 (27).

In psoriasis, a disease of keratinocyte hyperproliferation, abnormalities in immunological factors, such as cytokines, have been implicated (28,29,30). Cyclosporine, a drug that has known immunomodulatory effects, decreases the secretion of IL-1 and IL-2 by lymphocytes and also produces a dramatic improvement in many cases of psoriasis (31,32). Interestingly, this drug has no direct effect on the proliferation of normal, human keratinocytes in vitro but does effect their growth when keratinocytes are in a hyperproliferative stage in murine skin (33,34). Furthermore, cyclosporine does inhibit

normal murine keratinocytes as well as transformed murine and human keratinocytes in vitro (35).

Since rIL-1 does not stimulate proliferation of keratinocytes, but may activate DNA synthesis in these cells, we also determined the effect of rIL-2 on keratinocyte proliferation. Recombinant IL-2 also does not enhance keratinocyte growth in vitro. This in vitro documentation is consistent with the recent report that when rIL-2 is injected into humans, no acanthosis of the skin is observed (36). Furthermore, these authors could not demonstrate IL-2 receptors on keratinocytes in situ. Possibly, the exacerbation of psoriasis after rIL-2 administration is due to an effect on the mononuclear leukocytes found in the dermal infiltrate or another dermal constituent (e.g., endothelial cells or fibroblasts) (36). Based on our study, the exacerbating effect of rIL-2 in psoriasis does not appear to be due to a direct growth-promoting effect of rIL-2 on keratinocytes.

TABLE I

The Effect of Various Proteins on Proliferation of Kertinocytes Grown in KDM

DAYS IN CULTURE	ADDITION	CELL NUMBER ^a (% CONTROL)
5	.01% HS ^b	142 ^C
10	.01% HS	123
5	.004% BSA	187 ^C
10	.004% BSA	255 ^C
5	1 pg/ml IL-1 alpha	116
5	5 pg/ml rlL-1 alpha	108
5	25 pg/ml riL-1 alpha	108
5	125 pg/ml rlL-1 alpha	116
6	1 pg/ml IL-1 beta	93
6	5 pg/ml IL-1 beta	100
6	25 pg/ml IL-1 beta	87
6	125 pg/ml IL-1 beta	106

a The n = 4 for each value

b HS = human serum

c These numbers are statistically different from the controls with a p value less than 0.005.

TABLE II

The Effect of rIL-2 on the Proliferation of Keratinocytes

Grown in KDM and KGM

Days in Culture	Concentration of rIL-2 (pg/ml)	Medium	Number of Cells/ Plate
	Control a	KDM	$2.2 \pm 0.14^{b} \times 10^{4}$
5	12.5 ^C		$2.2 \pm 0.35 \times 10^4$
	125		$1.7 \pm 0.1 \times 10^4$
	625		1.9 ± 0 x 10^4
	Control		1.2 ± 0 x10 ⁴
10	12.5		$1.6 \pm 0.14 \times 10^4$
	125		$1.5 \pm 0.14 \times 10^4$
	625		$1.3 \pm 0.2 \times 10^4$
	Control a	KGM	$7.3 \pm 0.7 \times 10^4$
5	12.5		$5.6 \pm 0.6 \times 10^4$
	125		$6.1 \pm 0.35 \times 10^4$
	625		$6.2 \pm 1.0 \times 10^4$
	Control		$2.4 \pm 0.14 \times 10^{5}$
10	12.5		$2.6 \pm 0.14 \times 10^{5}$
	125		$2.5 \pm 0.14 \times 10^5$
	625		$2.3 \pm 0.1 \times 10^{5}$

a The control cells received as much human serum $(0.5 \times 10^{-4}\%)$ as was present in the highest concentration of rIL-2 added to the lymphokine treated cultures.

b These counts represent the average of duplicate plates ± SEM. The numbers of cells per plate did not show a significantly different trend between control and rIL-2 treated cultures.

c 12.5 pg/ml rlL-2 = 0.1 U/ml

Legends

- Fig. 1. The effect of ng concentrations of rIL-1 beta on keratinocyte growth in serum containing medium. The doses of rIL-1 beta used were 1 100 ng/ml. The lymphokine was added 48 hrs. after seeding the cells. The Il-1 beta significantly inhibits keratinocyte growth at 10-100 ng/ml. The SEM was less than 20% for each time point. A similar pattern of growth inhibition was seen in a second, separate experiment.
- Fig. 2. The effect of rIl-1 alpha (10 ng/ml) and beta (10 ng/ml) on keratinocyte growth. The insert documents average total number of cells/plate. The error bars indicate standard error of duplicate experiments. This data is representative of a pattern seen in 3 separate experiments.
- Fig. 3. Binding of rIL-1 beta to the particulate fraction prepared from cultured keratinocytes. Each point represents an independent measurement. Kd is the disociation constant of the binding reaction and Rn is the concentration of IL-1 binding sites in the particulate fraction. The points were fitted directly to the binding equation by the method of least squares using a simplex algorithm iterative procedure (37). Equal weight was given to each experimental value. The ordinate plots Il-1 bound as pmoles/mg protein.

Fig. 4. Two dimensional polyacrylamide gels of labeled extracts of rIL-1 beta treated keratinocytes show no major changes in the patterns of triton soluble protein(s). (A) 0.5 ng/ml rIL-1 beta, (B) 5 ng/ml rIL-1 beta. Gels from the control, untreated keratinocytes are depicted in (C).

REFERENCES

- Sauder DN, Carter C, Katz SI, Oppenheim JJ: Epidermal cell derived thymocyte activating factor. J Invest Dermatol 79:34-39, 1982
- 2. Luger TA, Stadler BM, Luger BM, Mathieson BJ, Mage M, Schmidt JA, Oppenheim JJ: Murine epidermal cell-derived thymocyte activating factor resembles murine interleukin-1. J Immunol 128:2147-2152, 1982
- 3. Kupper T, Ballard D, Chua A, McGuire JJ: Human keratinocytes contain mRNA indistinguishable from monocyte interleukin 1 alpha and beta mRNA. Keratinocyte epidermal cell-derived thymocyteactivating factor is identical to interleukin 1. J Exp Med 164:2095-2100, 1986
- 4. Sauder DN, Arsenault TV, Stetsko D, Harley CB: Isolation and partial characterization of a putative ETAF cDNA clone (kIL-1): ETAF is distinct from IL-1 or IL-1. J Invest Dermatol 88:515A, 1987
- 5. Maizel AB, Lachman LB: Biology of disease. Control of human lymphocyte proliferation by soluble factors. Lab Investig 50:369-377, 1984
- 6. Sauder DN, Dinarello CA, Morhenn V: Langerhans cell production of interleukin-1. J Invest Dermatol 82:605-607, 1984
- 7. Aarden LS: Revised nomenclature for antigen-nonspecific T cell proliferation and helper factors. J Immunol 123:2928-2929, 1979
- 8. Depper JM, Leonard WJ, Robb RJ, Waldmann TA, Greene WC: Blockade of the interleukin 2 receptor by anti-Tac antibody: inhibition of human lymphocyte activation. J Immunol 131:690-696, 1983

- 9. Konnikov N, Ree HJ, Dinarello CA, Pinkus SH: Interleukin-1 (IL-1) is present in psoriatic plaques. Clin Res 35:696A, 1987
- 10. Ristow H-J: A major factor contributing to epidermal proliferation in inflammatory skin diseases appears to be interleukin 1 or a related protein. Proc Nat Acad Sci USA 84:1940-1944, 1987
- 11. Gilchrest BA, Sauder DN: Autocrine growth stimulation of human keratinocytes by epidermal cell-derived thymocyte activating factor (ETAF): Implications for cellular aging. Clin Res 32:585A, 1984
- 12. Dowd PM, Camp RDR, Greaves M: In vivo effects of human recombinant interleukin-1 alpha (IL-1 alpha) in normal human skin. Clin Res 35:679A, 1987
- 13. Kupper TS, Coleman DL, McGuire J, Goldmanz D, Gowitz MC: Keratinocyte-derived T-cell growth factor: A T-cell growth factor functionally distinct from IL-2. Proc Natl Acad Sci USA 83:4451-4455, 1986
- 14. Kupper TS, Lee F, Coleman D, Chodakewitz J, Flood P, Horowitz M:

 Keratinocyte derived T-cell growth factor (KTGF) is identical to

 granulocyte macrophage colony stimulating factor (GM-CSF). J

 Investig Dermatol 91:185-188, 1988
- 15. Nickoloff BJ, Basham TY, Merigan TC, Morhenn VB: Antiproliferative effects of recombinant alpha and gamma interferons on cultured human keratinocytes. Lab Invest 51:697-701, 1984
- 16. Mansbridge JN, Nickoloff BJ, Morhenn VB: Induction of new proteins by gamma interferon in cultured human keratinocytes. J Invest

 Dermatol 88:602-610, 1987
- 17. Morhenn VB, Benike CJ, Charron DJ, Cox AJ, Marhle G, Wood GS, Engleman EG: Use of the fluorescence activated cell sorter to quantitate and enrich for subpopulations of human skin cells. J Invest Dermatol 79:277-282, 1982

- 18. Liu SC, Karasek MA: Isolation and growth of adult human epidermal keratinocytes in cell culture. J Invest Dermatol, 71:157-162, 1978
- 19. Ham RG, Boyce ST: Calcium regulated differentiation of normal human epidermal keratinocytes in chemically defined clonal culture and serum-free serial culture. J Invest Dermatol 81:335-405, 1983
- 20. Boyce ST, Ham RG: Normal human epidermal keratinocytes: in vitro models for cancer research. (ed) MM Weber, L Sekely, Bora Raton CRC Press, in press
- 21. Laemmli UK: Cleavage of structural proteins during the assembly of the head of bacteriophage T4. Nature 227:680-685, 1970
- 22. O'Farrell P: High resolution two dimensional electrophoresis of proteins. J Biol Chem 250:4007-4021, 1975
- 23. Wastek GJ, Yamanura HI: Biochemical characterization of the muscarinic cholinergic receptor in human brain: Alterations in Huntington's Disease. Molecular Pharm. 14, 768-780, 1978
- 24. Lowry OH, Rosebrough NJ, Farr AL, Randall RJ: Protein measurement with the folin phenol reagent. J Biol Chem 193: 265-275, 1951
- 25. Dower SK, Kronheim SR, March CJ, Conlon PJ, Hopp TP, Gillis S, Urdal DL: Detection and characterization of high affinity plasma membrane receptors for human interleukin. J Exp Med 162:501-505, 1985
- 26. Dower SK, Call SM, Gillis S, Urdall DL: Similarity between the interleukin 1 receptors on a murine T-lymphoma cell line and on a murine fibroblast cell line. Proc Natl Acad Sci. 83:1060-1064, 1986
- 27. Wilkner NE, Huff JC, Norris DA, Boyce ST, Cary M, Kissinger M, Weston WL: Study of HLA-DR synthesis in cultured human keratinocytes. J Invest Dermatol 87:559-564, 1986

- 28. Morhenn VB: Is psoriasis a disease of the immune system? Cutis 34:223-225, 1984
- 29. Morhenn VB, Orenberg EK, Kaplan J, Pfendt E, Terrell C, Engleman EG: Inhibition of a Langerhans cell mediated immune response by treatment modalities useful in psoriasis. J Invest Dermatol 81:23-27, 1983
- 30. Vladimarsson H, Baker BS, Jonsdottir I, Fry L: Psoriasis: a disease of abnormal keratinocyte proliferation induced by T lymphocytes. Immunol Today 7:256-259, 1986
- 31. Griffiths CEM, Powles AV, Leonard JN, Fry L, Baker BS, Vladimarsson
 H: Clearance of psoriasis with low dose cyclosporin. Brit Med J
 293:731-732,1986
- 32. Bunjes D, Hardt C, Rollinghoff M, Wagner H: Cyclosporin A mediates immunosuppression of primary cytotoxic T cell responses by impairing the release of interleukin-1 and interleukin-2. Eur J Immunol 11:657-661, 1981
- 33. Duell EA, Fisher GJ, Annesley TM, Kowalki J, Billings JK, Brown MB, Ellis CN, Voorhees JJ: Levels of cyclosporine in epidermis of treated psoriasis patients do not inhibit growth of cultured keratinocytes. Clin Res 35:680A, 1987
- 34. Gschwendt M, Kittstein W, Marks F: Cyclosporin A inhibits phorbol ester-induced cellular proliferation and tumor promotion as well as phosphorylation of a 100-kd protein in mouse epidermis. Carcinogen 8:203-207, 1987
- 35. Furue M, Gaspari AA, Katz SI: The effect of cyclosporin A on epidermal cells. II. Cyclosporin A inhibits proliferation of normal and transformed keratinocytes. J Investig Dermatol 90:796-800, 1988
- 36. Gaspari AA, Lotze MT, Rosenberg SA, Stern JB, Katz SI:

Dermatologic changes associated with interleukin 2 administration.

JAMA 258(12):1624-1629, 1987

37. Cacheci MS, Cacheris WP: *Fitting curves to data. Byte 9:340-346,







